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Acute Insanity:

ITS MANAGEMENT AND TREATMENT.

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THE PHYSICIAN who is called in to treat a violent and dangerous case of acute insanity finds himself in an unpleasant position, and one that requires quickness of thought and action, as delay may mean death to the patient or to the attendants.

This disease has a greater diversity of symptoms than any other, varying from the most miserable and wretched to the happiest and most exalted; from human perfection to perfect demons; from imbecility to the most active mental activity. To describe all of the different forms of acute insanity would require too long an article, so only the two most common will be mentioned, that of acute mania and acute melancholia, with a description of a typical case of each as came under my notice and care, whilst serving as one of the resident physicians at the Westborough Insane Hospital (Homœpathic), Westborough, Mass. The remarks on the management and treatment will be general, and not applied to any one form.

Miss H., age 23, good physical condition, educated, refined, no hereditary predisposition and no known cause for attack; was admitted to the hospital suffering with acute mania At the beginning of the attack she was fore-lady in a large store, and first caused suspicion of insanity by being impudent to her employers; climbing on top of the highest shelves in the store and sitting there; trying to drown her pet cat in the bath-tub; throwing a comb and brush out of the window at a gentleman passing by, and throwing her gold watch and chain down the water-closet. She was treated at home for a few days, but grew worse continually, so was brought to the hospital. For nearly three months it was necessary to keep her fastened in bed. During that time had delusions; hallucinations; illusions; was destructive and suicidal; had nymphomania; although of medium size required three or four nurses to control her; made day and night hideous with her laughter and screaming; slept only a few minutes at a time; had no desire to see her relatives or friends; refused to eat so had to be fed nearly the entire time. The activity and rapidity of her thoughts were wonderful, reminding me of a locomotive at full speed; witty, treacherous, and always scheming to get free. When improvement began it was rapid and continuous; slept better, gained in weight and in a few weeks was pro-

nounced cured. She afterwards said she remembered everything that occurred during the entire attack,—the pleasure she derived from and the irresistible desire to swear, to be destructive, to be stubborn, and to do everything she knew she ought not to do—but would rather die than go through another attack. Belladonna was given during the violent stage; then changed to hyoscyamus.

Miss W., age 21, music teacher, good physical condition, no hereditary predisposition, and no known cause for attack; became suddenly insane with acute melancholia and was brought to the hospital a few days afterward. When admitted was suicidal and destructive, so had to be placed under restraint; refused to eat, as she said the food was poisoned, so had to be fed; slept very little day or night; kept continually rolling her head, rubbing her hands, and repeating in the most pathetic manner, "Minnie W. don't know anything that was ever written or printed in any book, newspaper or magazine that was ever published in this wide world." She soon began to improve and recovered in a short time

Delusions of insanity vary from the most horrible forebodings of evil to the grandest and most sublime attainments. Some imagine they are being persecuted by their relatives and friends for stealing, arson or murder, or some one wants to get rid of them and to accomplish it put poison in their food, or are conspiring to kill them. Others think their soul is lost, that they are filled with snakes, have no heart, or are dead. Others have great knowledge, wealth and power; rule Heaven and Earth, are President of the United States, are the Lord and Saviour Jesus Christ.

Hallucinations, or hearing of voices is very frequent One young lady heard her father speaking to her from the mattress on which she was lying, and she immediately tore it all to pieces hunting for him. Others hear voices telling them to do some act, or not to eat. They generally do anything the voices tell them to do.

Illusions, or mistaken identity, is not so frequent. One lady never saw any strangers; every one was some relative or friend of hers, and would kiss all the lady visitors if not prevented from doing so.

Ladies of refinement often become the reverse when insane, becoming dangerons, destructive, disgusting and vulgar. As a rule the insane are suspicious of every one, and are constantly listening to and watching everything that is said or done. If patients have delusions of persecutions, their actions will indicate those of fear, but if they are of power, they will give orders and if they are not carried out may attempt to enforce them. Their actions will always be in harmony with their delusions. Their strength and power of endurance seem almost incredible, often going weeks at a time without any sleep and during the entire time keep moving their body, swearing, singing and shouting as loud as they can. The majority of the acute cases are suicidal, especially those with melancholia, and require constant attention to prevent them from making away with themselves.

No disease requires more care—studying the habits, temperament and individuality of the patient—to be able to manage and treat the case to obtain the best results. Patients who imagine they are going to be shot, as-

sassinated, poisoned or some other horrible calamity is going to befall them, suffer the same torture as if it were true, and will plead with you, if they have confidence in you, to protect them. Such patients should be shown the same kindness and sympathy as if it were true. As soon as they have entire faith in your sincerity and friendship, by reasoning with them, after letting them see the horrible calamity they predicted did not happen, if they are not beyond recovery or improvement, they will finally be convinced there is some truth in your assertions that their fears are imaginary. Be honest and candid with them; don't deceive them by actions or words, as they are quick to detect deception, and if they will not trust the physician or attendants, their usefulness is greatly diminished, and most likely will never regain the patient's confidence.

Every one has heard the saying, "Insane people generally hate those they formerly loved." Why? As a rule, they accuse those who are brought in contact with them the most as being the cause of their troubles and when they see their relatives and friends deceiving them and acting strangely towards them, their delusions are more firmly fixed, and reasonably so.

The majority of them can be easily managed by kindness, and no one appreciates kindness and sympathy more. Patients who are well enough to take interest in the surroundings will be greatly improved by having their mind occupied by ordinary work, cheerful reading, music, drawing, driving, games of all kinds, or anything that will excite their interest. One patient, who was so violent that it was necessary to keep him under restraint part of the time, became rational, as if by magic, as soon as he was allowed to play base-ball. The "Rest Treatment" consisting of keeping the patient in bed, during the stage of excitement or fever, has been the one most generally and favorably endorsed. Those who are destructive, uncontrollable, violent or dangerous, can be managed by putting their hands in muffs, or by putting on a strait-jacket, crossing the arms in front and tying the sleeves in the back, then tying the patient to some stationary object or chair; or, if it is necessary to keep them in bed, put on a canvasoul, which can be done as follows: Make a strait-jacket out of strong canvas, with long endless sleeves which extend beyond the hands; have it laced or buttoned in the back. To the front of the jacket sew another piece of canvas, size and shape of the bed, making an opening for the head; then sew strings every few inches to all sides of the sheet part, also to the ends of the sleeves, to tie to the bed. Place the patient on his back, arms extended straight out; tie the sleeves to the sides of the bed, then the sheet to the sides and ends. Patients in this position enjoy some freedom, but cannot injure themselves as they generally do when the straps are applied directly to the arms, legs and body.

These patients need a large amount of food, but do not require the same care in the selection as most diseases do. From personal knowledge, three cases of acute mania have died from lack of nourishment, due to not knowing how to feed them when they refused to eat Those who cannot be induced to eat can be readily fed by running an ordinary 18-inch soft flexible catheter tube, sizes 12—18, through the nose,

first moistening the end, following the back of the throat into the œsophagus, then stomach, and attaching the free end to an ordinary household syringe. They will resist at first, but will soon become quiet, unless it is in the trachea; in which case they will struggle, cough and become purple in the face till it is withdrawn. It is safest to wait till the patient is quiet before attempting to pump the food into the stomach, and then do it slowly. When the tube is used, only liquid food can be given, which generally consists of one quart of milk, with one or two eggs beaten up in it with a pinch of salt, broths, soups and beef tea. When the patient will not take the medicine, put it in the milk.

The earlier the treatment, the more favorable the results. Mild cases, as a rule, do not receive treatment till the disease has become chronic, or until it is too late to secure the best results. It is my belief if greater care were taken to find the cause of the attack and its removal if possible, there would be more permanent recoveries. A large percentage of the cases admitted to the asylums give no cause for the attack, or if one is given it is too trifling to be seriously considered. The gentleman who brought the case of acute mania, when asked for the cause of the attack, answered: "Don't know, but think it's because she had no beau." As a rule, the more rapid the onset and the more violent the attack, the shorter and the more favorable, providing the patient does not die from exhaustion, and very few do when properly treated.

To give an idea of the prognosis, statistics from the Middletown Asylum (Homœopathic), as given by Dr. George Allen, are quoted:

"From 1874 to 1892, 3629 patients treated, 2775 discharged; 1352 recovered. Of those who came under treatment during the first six months of disease, over 53 per cent. recovered, while still earlier hospital treatment gives still better results; and that 76 per cent of those who recovered did so in less than one year, while 48 per cent. of the number recovered in less than six months.

"Acute melancholia (most numerous), 907 cases, 56 per cent. recovered

"Acute mania (second in numbers), 69 per cent. recovered.

"Puerperal insanity, 39 cases, 27 recovered."

Such remedies as bell., acon., gel., hyos., stram., nux vom., ignatia, phosphoric acid, phosphorus, lachesis, anarcardium are frequently indicated, but no morphia or narcotics were given to produce sleep.

The most favorable signs are, when the patient improves in mind and gains in weight at the same time, and when the delusions are changeable. Unfavorable, when the delusions are the same for a long time, and when there is an increase in weight without improvement of the mind. As long as the patient remains in poor physical condition there is little hope for improvement.

Most patients can best be treated at an insane hospital or asylum, as the physicians and nurses have had experience and have all the necessary paraphernalia for the proper management of the case; besides, most patients who are destructive or uncontrollable at home, become quiet and easily managed when placed in a hospital.